



Saving Grace Animal Medical Center
Help us individualize your pets' vaccines

Date: _____

Name of Pet: _____

Age: _____

Category One

How would you classify your pet? (Circle one)

Always indoors Mostly indoors 50:50 Mostly outdoors Always outdoors

Category Two

Is your pet:

Circle Yes or No

Exposed to other animals? (Including house mates) Yes No

Around stray or wild animals in your yard or community Yes No

Do you ever:

Take your pet for walks beyond your yard? Yes No

Take your pet to be groomed or boarded? Yes No

Take your pet to pet shows or the pet store? Yes No

Take your pet to obedience school? Yes No

Take your pet to the park or go camping/traveling/hunting with you? Yes No

Allow your pet outside unsupervised? Yes No

Has your pet ever:

Been exposed to sick animals? Yes No

Fought with other animals? Yes No

Had ticks or fleas? Yes No

Do you feel your pet may be at risk for these in the future? Yes No

Does your pet ever:

Drink from puddles, ditches, bayous or waterways? Yes No

Category Three

Has your pet ever had a vaccine reaction? Yes No

Is your pet fragile, debilitated or sick? Yes No

Does your pet have a history of allergies? Yes No

If Yes to any of these, please briefly describe including time period-

Client Signature

Date